



## Wrangler ASPIRE Award Application

The Wrangler ASPIRE Award is a \$1,000.00 award provided by Wrangler for an AQHYA member who excels in leadership and service. The award assists in developing and improving scholarship, leadership and community interest, and participation of young horsemen. The award will be presented at the Youth Excellence Seminar.



To be considered for the Wrangler ASPIRE award please complete the following application. In addition to the application, please include a one-page résumé and one letter of reference.

Applications must be received by the AQHA Youth Department by **May 15**. Completed applications and reference letters should be submitted via email to [youth@aqha.org](mailto:youth@aqha.org).

*Please type the following information. Supply additional pages as necessary.*

Name: \_\_\_\_\_ AQHYA Member ID #: \_\_\_\_\_  
(application not accepted without AQHYA I.D. #)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ACADEMIC INFORMATION

#### High School Applicants

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Average/GPA: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

College institution(s) to which you have applied for admission

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Proposed College Major: \_\_\_\_\_ Proposed College Minor: \_\_\_\_\_

Desired Occupation: \_\_\_\_\_

#### College Applicants

Name of School: \_\_\_\_\_ Classification:  Fr.  So.  Jr.  Sr.

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Average/GPA: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Degree or Certification Anticipated: \_\_\_\_\_

### AQHYA INVOLVEMENT

Years of membership in AQHYA: \_\_\_\_\_

List AQHA or AQHYA affiliates of which you are a member.

Affiliate Name \_\_\_\_\_ Years \_\_\_\_\_

In the past year, I have attended \_\_\_\_\_ out of \_\_\_\_\_ meetings of the above affiliate.

Affiliate Name \_\_\_\_\_ Years \_\_\_\_\_

In the past year, I have attended \_\_\_\_\_ out of \_\_\_\_\_ meetings of the above affiliate.

List the years you have attended YES: \_\_\_\_\_

Do you plan to attend YES this year?  Yes  No

Indicate the AQHA or AQHYA programs in which you have participated.

Program: \_\_\_\_\_ Years Enrolled: \_\_\_\_\_

Program: \_\_\_\_\_ Years Enrolled: \_\_\_\_\_

Program: \_\_\_\_\_ Years Enrolled: \_\_\_\_\_

Program: \_\_\_\_\_ Years Enrolled: \_\_\_\_\_

Indicate any AQHA or AQHYA contests in which you have participated.

Art/Photo Contest  Boots & Jeans  Horse Judging Contest

Scrapbook Contest  Speech Contest  Other \_\_\_\_\_

---

*Attach additional pages with your typed response to each of the following questions.  
No response may exceed 250 words.*

### **EQUINE INFLUENCE**

1. What personal contribution have you made to promote AQHA, AQHYA or the equine industry?
2. How has your involvement with horses influenced you as a leader and community servant?

### **LEADERSHIP SKILLS**

3. How have you displayed your leadership skills through involvement in AQHYA or other equine related clubs and activities?
4. In what ways have you demonstrated leadership ability in other areas, i.e. academic, extracurricular, government?
5. Describe your most meaningful leadership experience and explain how it impacted your growth as a leader.

### **COMMUNITY INVOLVEMENT**

6. What is your philosophy on service and what keeps you dedicated to it?
7. Describe the extent to which you have actively given back to your community or the equine industry through service.
8. Which service activity has given you the most satisfaction and why?

---

### **VERIFICATION BY APPLICANT**

I hereby certify the statements recorded in this application are true and accurate. I understand if any statement presented in this application is untrue, I may be disqualified.

If selected as the recipient, I understand I may be listed in publications or communications of the American Quarter Horse Association.

By signing below, I am indicating I agree with and accept the aforementioned statements.

---

Signature of Applicant

Date

---

Signature of Parent or Guardian

Date

If you have any questions, please contact the AQHA Youth Department.  
Phone: 806-378-4330 Fax: 806-349-6409 E-mail: [youth@aqha.org](mailto:youth@aqha.org)